

## **Topic 2: *Cross-Cultural Influences on Older Adults***

### **Competencies\***

- 1.** Describe cultural beliefs and values and discuss their effect on behaviors and beliefs about health care.
- 2.** Acknowledge the heterogeneity within groups of ethnic elders and that there are patterns of morbidity for each ethnic group.
- 3.** Assess client position on acculturation, education, and income and relate these to client ability and desire to access the health-care system.
- 4.** Recognize the cultural and religious beliefs, practices, and life experiences of ethnic groups and the influences of these on attitudes toward aging.
- 5.** Discuss the roles, attitudes, and influences of family and support systems toward caregiving within ethnic groups.
- 6.** Conduct culturally appropriate assessments that are respectful of individuals and families.

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\*These competencies are adapted from the cross-cultural competencies developed by the Stanford Geriatric Education Center core faculty. The materials were reviewed by Gwen Yeo, PhD.



# Topic 2: *Cross-Cultural Influences on Older Adults*

## Content Outline

### **1. Describe cultural beliefs and values and discuss their effect on your and beliefs about health care.\***

#### **A. Distinguish the terms *culture*, *race*, *ethnic*, and *ethnicity*.**

*Culture*: The way of life of a population, or part of a population. Although it is used most often with reference to different societies or national origins, it can also reflect differences by geographic regions or other subgroups within a nation.

*Race*: Implies physical or biological groupings of people.

*Minority*: Used to describe not only a numerical, but also a power disadvantage.

*Ethnic or Ethnicity*: Most often identifies a difference based on culture, it is also used for groups identified by racial or religious differences.

#### **B. Self-examination through discussion or written work:**

1. Examine the influence of your own cultural background and attitudes toward people of your own and of different cultures.
2. Examine how your orientation influences caregiving practices generally and older people specifically (include miscommunication, stereotypes, disrespect, breakdown of delivery of culturally competent care).

\*Definitions from Bureau of Health Professions, Health Resources and Services Administration (1995). *National Agenda for Geriatric Education: White Papers*. Washington, DC: Author, p. 81.



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## **Content Outline**

### **2. Acknowledge the heterogeneity within groups of ethnic elders and that there are patterns of morbidity for each ethnic group.**

A. Within categories, there are many subgroups and older adults vary in all significant demographic variables.

B. The face of the aging population is changing in the twenty-first century:

#### **1. American Association of Retired Persons Profile of Older Americans (1999):\***

##### *Minority Elderly:*

- 15.7% of persons 65 and older
- 8% Black
- 2.1% Asian or Pacific Islanders
- 1% American Indian or Native Alaskan
- 5.1% Hispanic origin (who may be of any race)

#### **2. American Association of Retired Persons “Portrait of Minorities” Report\***

##### *Black Elderly:*

- 12% of the Black population in the United States were 65+ in 1990
- 13% of that group were 85+
- Elderly form the fastest growing segment of the Black population

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\*Principal sources of data for the profile are the U.S. Bureau of the Census, the National Center of Health Statistics, and the Bureau of Labor Statistics.



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*Hispanic Elderly* (share common language but come from diverse cultures)

- 5% of the Hispanic population in the United States were 65+ in 1990
- 1% of that group were 85+
- Ratio of 80 men for every 100 women

*Asian/Pacific Islander Elderly*

- 6% of the Asian/Pacific Island population in the United States were 65+ in 1990
- 3% of that group were 75+

3. There are more elderly women than men in every culture; the ratio increases with age.
4. The number of ethnic minorities in urban areas is growing more rapidly than in rural areas.
5. Use a map of the world to underscore the vast cultural diversity within categories of ethnic groups. Identify who they are.

C. There are different patterns of morbidity and chronic illness in the various ethnic populations.

### **3. Assess client position on acculturation, education, and income and relate these to client ability and desire to access the health-care system.**

A. Indicators of acculturation are use of English language and length of time in the United States.



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B. Abilities and desires to access health care vary according to:

- Income
- Insurance (uninsured are worse off than people on welfare)
- Education
- Cultural views

C. Barriers to utilization include:

- Availability
- Accessibility (i.e., poor transportation)
- Acceptability (i.e., distrust)

### **4. Recognize the cultural and religious beliefs, practices, and life experiences of ethnic groups and the influences of these on attitudes toward aging.**

A. Discuss the *categories* of beliefs and practices common to any culture that influence health-care seeking behavior in relationship to aging. Be sure to discuss such categories as:

1. *Respect:*

- What do various cultures believe about the role and responsibilities of elders, children, “wise men,” doctors, nurses, and society?

2. *Death and dying:*

- What do different cultures believe constitute a “good death”?
- What do different cultures believe happens after a person dies?
- What are various cultures’ attitudes toward life-sustaining treatments (resuscitation, DNR, etc.)?



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### 3. *Pain:*

- What do different cultures believe about how older people experience pain? For example: Is it purely biological or is it punishment?
- What behaviors are socially acceptable concerning pain (stoicism, wailing)?

### 4. *Medicines/Nutrition:*

- What is the role of folk medicines and remedies in caregiving practices and care compliance with old age?

### 5. *Independence*

- How does the culture value independence with old age? Are older people expected to live and make health-care decisions independently or in a family context?

### B. Discuss life experiences that can influence ability and desire to access health care:

- Racism and discrimination
- Influences of income (i.e., ability to buy needs)
- Traditions and rituals (taboos)
- Attitudes of trust and mistrust toward health-care providers

## **5. Discuss the roles, attitudes, and influences of family and support systems toward caregiving of older persons within ethnic groups.**

### A. Power relationships among family members:

- Who controls flow of information to patient?
- Who is the decision maker?
- What are the values of independence and community?



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### Content Outline

B. Care-giving settings engender different issues for varying ethnic groups:

- *Home Care*: Family care-giving responsibility and burdens differ among cultures.
- *Nursing Home*: Foods, holidays, interpersonal relationships differ among cultures.
- *Hospital*: Information about health status, level and intensity of care differ among cultures.

#### **6. Conduct culturally appropriate assessments that are respectful of individuals and families.**

A. Assessment instruments should be culturally sensitive and scored appropriately for cultural differences. Examples:

- All scales and instruments should be translated or given orally or in writing with use of drawings or illustrations.
- Interpretations of the results of assessments instruments will vary among cultures and will influence care plans.

B. Use all the Assessment Instruments in this guide as a basis of discussion.



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### Case Study

1. Take any or all of the case studies in the topic sections of this guide and discuss how care plans would incorporate cross-cultural influences for an older person.
2. These case studies can be used to emphasize the importance of cultural competence in the health-care setting and spirituality in the health of ethnic elders.





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### Experiential Activities/ Clinical Experiences

#### Activities:

1. **Research:** Research the customs of different ethnicities in relation to aging (e.g., truth-telling).
2. **Survey:** Survey a clinical setting for the prevalence of ethnic diversity in both the older patient population and the health-care staff.
3. **Reflect:** Write reflective narratives/journals about your own ethnic background, values, and beliefs toward aging, health care, death.
4. **Interview:** Interview an older adult to determine the cultural and religious beliefs, practices, and life experiences of that person's ethnic group and the influences of these on the elderly person's attitudes toward health care.
5. **Interview:** Interview older adults about their own traditional cultural/native health practices and medicine.
6. **Interview:** Interview a nurse for her or his views on the cross-cultural influences in caring for older adults.
7. **Interview:** Interview a patient's family member about caregiving issues. Include family and community support systems and attitudes about responsibilities.
8. **Critique:** Evaluate care plans of elderly patients for cross-cultural influences.



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### **Experiential Activities/ Clinical Experiences**

- 9. Critique:** Assign an ethnic and aging identity to a student. Have them walk into a clinic and evaluate the environment and care from that ethnic and aging perspective (signage, language, etc.).
- 10.** Report on disease risks or incidence of disease (i.e., diabetes) for different ethnic groups.

#### **Clinical Experiences:**

Use any of the preceding activities in the clinical setting, particularly:

- 1.** Evaluate care plans for cross-cultural influences (e.g., food preferences).
- 2.** Examine a care plan for an aging person. Interview a nurse about whether the age of the person influenced cultural aspects reflected in the care plan.
- 3.** Conduct geriatric assessments using the instruments in this resource guide to elicit cultural differences and difficulties in the instruments.



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### Evaluation Strategies

*Criterion for Evaluation:*

The basic criterion for evaluation is the development of awareness and respect for cross-cultural influences as they affect care of older persons and families.

*Didactic and Clinical Evaluation:*

Written and oral projects rather than test questions are preferred.



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## Resources

American Association of Retired Persons. (1999). *A Profile of Older Americans*. Washington, DC: Author.

Beers, M., and Berkow, R. (2000). *The Merck Manual of Geriatrics* (3rd ed.). Whitehouse Station, NJ: Merck and Co.

Benton, W. D., Kramer, B. J., and Dawson, G. D. (1994). *Cultural Diversity and Geriatric Care: Challenges to the Health Care Professions*. New York: Hawthorne.

Braun, K. L., Pietsch, J. H., and Blanchette, P. L. (Eds.). (2000). *Cultural Issues in End-of-Life Decision Making*. Thousand Oaks, CA: Sage.

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Daniels, L. I., and McBride, M. (1996). *Ethnogeriatric Nursing in Context of Rehabilitative Care: Caring for the Emerging Minority*. Stanford Geriatric Education Center. (650) 723-7063.

Katz Olson, L. (1994). *The Graying of the World: Who Will Care for the Frail Elderly?* New York: Haworth Press.

Madalena, R. (1996). *Introduction to Ethnogeriatric Nursing Care Principles, a Curriculum Module for Nurse Assistant, Vocational Nurse, and Associate Degree Nursing Programs*. Stanford Geriatric Education Center. (650) 723-7063.

Maddox, G. et al. (Eds.). (2001). *The Encyclopedia of Aging* (3rd ed.). New York: Springer Publishing Company.

Markides, K., and Miranda, M. (Eds.). (1997). *Ethnicity, Health, and Aging*. Thousand Oaks, CA: Sage.

Mezey, M. et al. (Eds.). (2001). *The Encyclopedia of Elder Care*. New York: Springer Publishing Company.

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Napier, B. (1998, February). Diversity and Aging. *Home Care Provider*, 3(1), 38-40.

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## Resources

Wieland, D., Benton, D., Kramer, B. J., and Dawson, G. D. (1995). *Cultural Diversity and Geriatric Care: Challenges to the Health Professions*. New York: Haworth Press.

Wykle, M. L., and Ford, A. B. (Eds.). (1999). *Serving Minority Elders in the 21st Century*. New York: Springer Publishing Company.

Yeo, G., and Gallagher-Thompson, D. (Eds.). (1996). *Ethnicity and the Dementias*. Washington, DC: Taylor & Francis.

Yeo, G. (Ed.). and Members of Collaborative on Ethnographic Education. (1999). *Core Curriculum in Ethnogeriatrics* (2nd ed.). Palo Alto, CA: Stanford Geriatric Education Center.

### Other Resources

Stanford Geriatric Education Center  
Telephone Number: 650-723-7063

Geriatric Education Center of Pennsylvania and the Office for Continuing Medical Education, Temple, School of Medicine, "Caring for the Elders: Geriatrics in Ethnic Communities." Telephone Number: 412-624-9190.

### Internet Sites

1. [www.leland.stanford.edu/dept/medfm/gec/page1.html](http://www.leland.stanford.edu/dept/medfm/gec/page1.html)

Site of the Stanford Geriatric Education Center, a federally-funded resource center for geriatric education that focuses on ethnogeriatrics.

2. [www.diversity Rx.org](http://www.diversity Rx.org)

This site is sponsored by multiple organizations and gives information, recommendations, and practice models for cultural competence in health care

3. [www.ncoa.org/nagec](http://www.ncoa.org/nagec)

This is the site of the National Association of Geriatric Education Centers. They have an ethnographic curriculum available on this site.



